

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SO	75316	10/14/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NH	617	11-7-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	7/3/00
Original	6/23/00
1	✓
2	✓✓✓✓
3	✓✓✓✓✓
4	✓✓✓✓✓
5	✓✓✓✓✓
6	✓✓✓✓✓
7	✓✓✓✓✓
8	✓✓✓✓✓
9	✓✓✓✓✓
10	✓✓✓✓✓
11	✓✓✓✓✓
12	✓✓✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy